

## Labor Organization Officer and Employee Report

## U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards comply may result in



Form U4-30 (Rev. 1986)

This report is reendatory under P.L. \$6-257, as amended. Febure to co- criminal prosecution, fixes and stell penalties as provided by 29 U.S. C	imply may result to 2. 439,640.	From approved - OMB No. 1215-0185 Expires 11-30-2002 03.32.95
. Name and address of person filing	2. Name and accress or labor organiz	- 000 111
Robert A. Johnson		Delivery Drivers an
4020 Linley Ct	Helpers, Local P. O. Box 14765	Union No. 14
Las Vegas, NV 89115		
3. Position in labor organization	Las Vegas, Nevad	a 89114
	1	3-295 /1-/6 37
Enter appropriate data below if, during the pest facal year, you or you torouts (except as specified in the exacusions set forth in the instruct	ur saculas at minor shill disperts as to	ideactly had any of the following in-
A. Held an interest in, engaged in transections (including loans) with majneyer whose employees your angainsten represents or is as	or derived income or other economi-	benefit of monetary value from an
. Name of Employer	Address of Employer	
Nature of Interest, Transaction of Income		
. *		
Heid an interest in or derived proorns or economic benefit with mones from, selfing or lessing to, or otherwise dealing with the business of air serving to represent, or (2) any both of which controls of buying from o organization or with a trust in which your labor organization is interests.	n employer whose employees your labo x basing or lessing directly or endirectly	organization represents or is actively
3. Name of business	Address of business	
American Income Life Insurance Cor	mpany, P.O. Box 260	8, Waco TX 76797
S. Business deals with—	10. If 98 or 9C is choosed give trust o	
□ A. Labor Organization    □ B Trust    □ C. Ethologier		
American Income Life Insurance Cor an additional accidental death ber listed above while they were trave Union business. No benefits were	nefit of \$10,000 to eling in any conven paid to insured.	the individual ience on official Agreement with
being notified to do so the Indicated June 6, 2000 to Patrick Szmanning International Brotherhood of Teams instructed in that letter.	dependent Review Bo anski, General Coun	ard in its letter
<ol> <li>Reserves from any employer (other than an employer covered und any payment of money or other thing of value.</li> </ol>	er parts A and B above) or from any let	por relations consultant to an employer
3. Here and socreta of employer C or computers C	[14. Nature of payment	5 6 3 4 8 6
		AUG   2000
IF MORE SPACE IS NEEDED	ATTACH ADDITIONAL SHEETS	OLMS/DOE/SRD
<ol> <li>Signature and retribertien—The undersoned decisives, under the attachments incorporated therein or reterrac to in this record, his correct and complete.</li> </ol>	ophicable penulists of the law. That sit of us been excurred by him and is, to this	the information in the report, including thest of his knowledge and belief, true,
Some Robert a Sphin at Las V	egas Nev	rada 7-20-2000

## Labor Organization Officer and Employee Report

U.S. Department of <u>Labor</u> Employment Standards Administration Office of Labor-Management Standards



FORT LM-30 (Rev. 1986)

riminal prosecution, fines and civil penalties a					1 14 . "		
Name and address of person filing		2. Name and ac	dress of labor	rorganization	033	00,10	
		General Drivers, Delivery Drivers and					
Robert A. Johnson	i	Helpers, Local I			-		
4020 Linley Court	P.O.Box 14765						
-		Las Vega	as NV 8	9114			
Las Vegas, NV 89115 Position in labor organization	4. Date fiscal year or		1		er (if peelgran	1/2	>
President/Business Agent	January 1997			033-29	-	-160	
nter appropriate data below If, during the pas reats (except as specified in the exclusions			or child direc	city or indire	ctly had any	of the folio	wing in-
Hold an interest in, engaged in transaction employer whose employees your organiza				economic be	netit of mone	lary value	from an
Name of Employer		Address of Empl	loyer				
Neture of Interest, Transaction or Income							
field an interest in of derived income or eco- from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part or which organization or with a trust in which your lebo	ng with the business of an consists of buying from or	employer whose seiling or leasing	e employees	your labor org	anization rep	resents of is	activery
Harrie of business		Address of busin	1855				
Rusiness deals with—		10. If 9B or 9C i	s checked his	ve thist or em	plover's name		
Business deals with—  [] A. Labor Organization [] B. Trust	☐ C. Employer	10. If 98 or 9C i	s checked giv	ve trust or em	ployer's name	,	
∐ A. Labor Organization ☐ B. Trust	☐ C. Employer	10. If 98 or 9C L	is checked giv	ve trust or em	ployer's name	,	
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer	10. If 98 or 9C i	iş checked giv	ve trust or em	E G E	[] ₩ []	
☐ B. Trust  Nature and approximate dollar value of such d	口C. Employer	with made and the control of the			E G E	2000 lango an	E D
LI A. Labor Organization LI B. Trust  Nature and approximate dollar value of such d  nature of interest limit un income received.  Received from any employer (other than any payment of money or other thing of value)	aelings	with made and the control of the	above) or from		AUG 2	2000 lango an	B D
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Nature and approximate dollar value of such of	n employer covered under or consultant [] rance Company	r parts A and B an	above) or from ayment See A	ttachme	AUG 2	2000  Jantao and  OE/SRD	inch ding
Nature and approximate dollar value of such done interest is an income routine received.  Received from any employer fother than a any payment of money or other thing of value  Name and address of employer X  American Income Life Insurp.0.Box 2608  Waco, TX 76797	n employer covered under or consultant [] rance Company	TTACH ADDIT	above) or from ayment See A	ttachme	AUG 2	2000  Jantao and  OE/SRD	including

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General Drivers, Delivery Drivers and Helpers, Local Union No. 14 File Number 033-295

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

